PHYSICIANS should state of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS Every item of information should be CAUSE OF DEATH in plain terms, si Important. See instructions on back o N. B.

Very

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.... -Ward) [if death occurred in a hospital or institution, give its NAME Instead

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 81	and & Widowell Widow	18 DATE OF DEATH Nov. 23, 1914
1	emale While ORDIVORGED (Write the word)	(Month) (Day (Year)
6 D/	May 25 4 1831	Mon 2/1, 1914, to
	(Mouth) (Day (Year)	that I last saw h. all alive on Nov 21 1914
TAC		and that death occurred on the date stated above, at
	83 yrs mos 26 ds. OR min.?	The CAUSE OF DEATH* was as follows:
(2)	Trade, profession, or	greungua of highe
	General nature of Industry.	Lower Love of thing
bus	iness, or establishment in ch employed (or employer)	(Duration) yrs nos 7 ds.
9 8!	RTHPLACE (State or country)	Contributory Secondary
	10 NAME OF Richard Wells	(Signed) (Sugned) (Signed) (Sugned) (Sugned) (N. D.
STN	11 BIRTHPLACE OF FATHER (State or country) Aaryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
ARE	12 MAIDEN NAME OF MOTHER A	CAUSES, state (1) MEANS OF INJERY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
0	Hunir 6 Benson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs, mos, ds. State yrs, mos, ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(interment) Washington Benson	Former or usual residence
	(Address) Simpsomille	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	n 23 (n/ln/ 1	Jager Tambo lemetry hov. 24 1914
File	Slew 30, 19 CHI Halleulon	20 UNDERTAKER Havard les ADDRESS
	REGISTRAR	Caston Saus Ellicott leits

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Caroin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichaecte, when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 de.; oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL poritonitis," etc. State cause for mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of "Exhaustion," For vio-



V. S. No. 1.

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A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

PLACE OF DEATH	STATE OF MARYLAND
County Syoward	CERTIFICATE OF DEATH
County	Registration Dist. No 195
Village or City Mr. Mostlouded No 2FULL NAME Daniel Bosto	St.; Ward) [If death occurred is a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
make Cal Single, Married, Single Middle Cal Widowed ORDIVORCED ORDIVORCED ORDIVORCED	16 DATE OF DEATH
	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	, 191, to, 191,
100 7 , 10 6 H.	that I last saw h allys on
TAGE (Month) (Day (Year) If LESS than f day,hrs. ORmin.?	and that death occurred on the date stated above, at 11,15 Pm, The CAUSE OF DEATH* was as follows: Accidental (run over by
(a) Trado, profession, or particular kind of work. Jaww Jabres. (b) General nature of industry.	3x0 train
business, or establishmeot in which employed (or employer)	(Duratioo)yrsmosds.
9 BIRTHPLACE (State or country)	GontributorySecondary
10 NAME OF Saniel Boston 11 BIRTHPLACE	(Signed) Father Jones Common ds. (Signed) Father Jones Common M. J. Mot 15 , 1914 (Address) Favage M. J.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MA L. L. L. R. Windows	*State the DISEASE CAUSING DEATH, of in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
(Informant) Sauch Soston	Where was diseaso contracted, If not at placs of death? Former or usual residence.
(Address) essuf : Md.	askury Com. Date of Byrial 4
MARIL 11 Tale of Com live 2	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

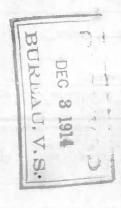
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

Crocery; (a) Foreman, (b) Automobile factory. The "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the

Statement of cause of death—Name, first, the Disass Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal scptichacsepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Marasaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, ctc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measics (disease causing death), 29 ds,; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report:



Very PHYSICIANS should of OCCUPATION RECORD statement PERMANENT cla proper UNFADING certifical 0 Jo back 0 plain See Instructions Information DEATH 0 Item 9 mportant. L Every

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... fit death occurred in St.:---Ward) a hospital or institution. give Its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED, Hudouer (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day,hrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. Stale yrs, ____ mos. ___ Where was disease contracted. it not at place of death? ... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. applies to each and every person, irrespective of age. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthfulness. If retired from business, that fact may be indishould be taken to report specifically the occupations gainfully employed, as At schoot or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication as Day taborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton milt; (a) Salesman, (b) it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The question

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, ctc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as miu," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. vatvular heart discase; Chronic interstitial nephritis, such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichae-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association.) is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Mcastcs (disease causing death), 29 Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ath), 29 ds. Ex-



No. **8**0

PLACE OF DEATH	STATE OF MARYLAND
county Howard (1-2	CERTIFICATE OF DEATH
County	Registration Dist. No. 193
Village or City Bookswill (No	St.; Ward) [It death occurred a hospital or institute give its NAME laste
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marrieo, Widoweo, On Olivence (Write the word)	(Month) (Day) (Year)
7 AGE (Month) (Day) (Year 1 day,	and that death occurred on the date stated above, at 4 1
(a) Trado, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Manuland.	Gontributory Had auure infection of (Secondary) nand, two minute before death.
10 NAME OF ROOM RIVER.	(Signed) Quality yrs 2, mos d
11 BIRTHPLACE OFFATHER (State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
of Mother Work Rnow.	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Dont Rnow.	At place In the ot death yrs mos ds. Stata yrs mos ds
Informant) Mr. Albert M. Doviey	Where was disease contracted, It not at place of death? Former or usual residence.
(Address) Eveksvilly, And,	Bushy Park Gemeters 9m. 12. 1914
Filed no. 11. 1914 J. W. Lacy REGISTRAR	20 UNDEHTAKER HOWARD E. MOT ADDRESS Dur Jas R. Weer Sykewill, In

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

11650

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease Causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned -Hart failure," "Haemorrhage," "Inanition," "Marasoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Examples: For viodes.



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14 THE ABOVE IS TRUE TO

(Address).

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state Very

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	PLACE OF DEATH 11651 unty Haward (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	Fale White (Write the word)	16 DATE OF DEATH 95%, 191 (Mouth) (Day (Year)
8 D	Self 18 18 18 18 18 18 18 1	that I last saw h alive on low low all that death occurred on the date stated above, at last saw h. The CAUSE OF DEATH* was as follows:
(a) pai (b) bus	CCUPATION) Trada, profession, or rticular kind of work. General nature of industry, iness, or establishment in ch employed (or employer)	Aut Cadre Party 2: (Buration) yrs. mos. ds.
981	RTHPLACE (State or country) Maryland	Contributory Secondary (Duration) 3 yrs mos ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Catharine Castar 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country)	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Addre

Secondary	1 a	the
(Signed) Tha K	(Duration)	3 yrs mos ds
Ter 19, 1915 (Address		
*State the DISEASE CAUSING CAUSES, state (1) MEANS OF TAL, SUICIDAL, OF HOMICIDAL.	DEATH, O	or, in deaths from Violent and (2) whether Acciden
A PROBLEM OF RESIDENCE (FOOR RECENT RESIDENTS) At place of death yrs mos Where was disease contracted, if not at place of death? Former or usual residence	In the ds. State	
Good Sheppheard		hov-19 ,191/4
Casta Son		Ellieots leity
ar 6 E Franklin St Dalta De-		

BEST OF MY KNOWLEDGE

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. N

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive ness of various pursuits ean be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: engineer, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and eonsequences (e. g., scpsis, tctanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Tuerperal septichaemus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Contributory." Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing (Recommendations on statement of "Dropsy," death), 29 ds.; "Exhaustion,"



state Very

S. No. 1.

1 PLACE OF DEATH

11652

ins

Howard Will

Village or City



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

-Ward)

[If death occurred in

FULL NAME MA	give fits NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH November 95, 1914 (Month) (Day (Year)	
6 DATE OF BIRTH Oct 1914 (Month) (Day (Yest)	HEREBY CERTIFY, That I attended deceased from 1914, to 1914 that I last saw her alive on 1000 18 11 1914	
7 AGE 11 LESS than 1 day,hrs. ORhrs. OR	and that death occurred on the date stated above, at 5 mm, The CAUSE OF DEATH* was as follows: Couvellaures -	
particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country.) Howard to Ned	Gontributory Marasance Secondary (Ouration) yrs mos ds.	
11 BIRTHPLACE OF FATHER (State or country) Howard Co, Sud 12 MAIDEN NAME OF MOTHER	(Signed) Deares D. Streeker, M. D. Nov 20, 1914 (Address) Ay Remarks Truck *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country) Howard Co. Ned 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,	
(Interment) Evace Green	if not at place of death? Former or usual residence	
Filed Nov 25, 191 4 W. W. Ritter Acade REGISTRAR	20 UNDERTAKER ADDRESS LEAT, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

; statement. # Grocery; (a) Foreman, (b) Automobile factory. The fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as additional line is provided for the latter statement; the nature of the business or industry, and therefore an it should be used only when needed. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerc brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin

ture of the American Medical Association.) cause of death approved by Committee on Nomenelascpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of lnjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough, Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence.

The data is essential and must be obtained before the certificate is accumanently filed.

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B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD d PLAINLY, WITH UNFADING INK-THIS IS WRITE

County Howard 11653	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 193
Village or Cityman Glenwood, (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mail White Single, Widower on Divorces (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Low 6. (Month) (Day) (Year)	June 2 6., 1913, to hors. 23, 1914, that I last saw ham alive on hors. 23., 1914
7 AGE If LESS than 1 day,hrs. ormin. ?	and that death occurred on the date stated above, at 7.15 P. m. The CAUSE OF DEATH * was as follows:
particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) 2 yrs mos ds. Contributory (Secondary)
OF FATHER CO. MAL. Grant. 10 NAME OF FATHER CO. MAL. Grant. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER CALLED THE MAIDEN NAME OF MOTHER CALLED THE MAINTENAME.	(Signed)
of Mother Wigebeth. Harry. 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST, OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted,
(informant) Richard Grisses	If not at place of death? Former or usual residence.
(Address) Gary, Atomard Co., M.A. Filed Aug-24, 1914 D. Lagy REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Minim Chapley Cemelin Nov. 25, 1914. 20 UNDERTAKER Throwad. Mol Address Sykerille: Mol
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. N. 1.

[Approved by U. S. Census and American Public Health Association.]

- material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: cated thus: Farmer (retired 6 yrs.). (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-Servant, Cook, Housemaid, etc. If the occupation bas Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing heart (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cbildbirth or miscarriage, as "PUERPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritix nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of _ The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can "Exhaustion, Examples: For VIO-



Village or City Near Poplar Spor.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 193. [It death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
The service of the se	(Month) (Day (Year) (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended degeased from All 1914 to Nov 11, 1914. that I last saw hell alive on Nov 11, 1914. that I last saw hell alive on Nov 11, 1914. The CAUSE OF DEATH* was as follows: (Duration) yrs 7 mos. ds.
OF FATHER SLO, It, Driver 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF Mary The Pool. 13 BIRTHPLACE OF MOTHER Mary The Pool. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intormant) Caused Stilton (Address)	Contributory Secondary Cause (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) whether Accidental, Suicidal, or Homicidal, or Residental, in the other death (2) whether Accidental, in the other death (3) whether Accidental (4) whether Accidental (4) whether Accidental (5) whether Accidental (6) whether Accidental (6) whether Accidental (7) whether Accidental (7

REGISTRAR

20 UNDERTAKER

ADDRESS .

If more blanks re-heeled, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) material worked on may form part of the second cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indistatement. Grocery; (a) Foreman, (b) Automobile factory. CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never rcturn "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septiehae cause. nus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg oma, Sarcoma, etc., of...... (name origin; "Can "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. ctc., when a definite disease can be ascertained as the genitai," "Coliapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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Instructions

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. If death occurred in St.:....Ward) a hospital or institution. give ifs NAME Insfead of streef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE. 16 DATE OF DEATH MARRIEO, WIOOWED, (Month) (Day (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE if LESS fhan and that death occurred on the date stated above, at ... 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or (b) General nature of industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE 191 44 (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. Sfate yrs. ___ Where was disease contracted. If nof af place of death?..... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR blanks are needed, address State Registrar, 6 E. Franklin St., Valto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health

-additional line is provided for the latter statement; duties of the household only (not paid Housekeepers cated thus: Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborerfirst line will be sufficient, c. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," Farmer or Planter, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic "Contributory." lujury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, totanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustlon," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or latercurrent) (Recommendations on statement of Ex-



RESERVED FOR BINDING MARGIN

S. No. 1.

PHYSICIANS should state of OCCUPATION Is very PERMANENT RECORD stated EXACTLY. I properly classified. UNFADING INK-THIS IS See instructions on back of PLAINLY, WITH DEATH in plain terms, N. B.—Every Item CAUSE OF Important.

1 PLACE OF DEATH 11656 Howard

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 190

St.; Ward)

Ilt death occurred in a hospital or lostitution, give its NAME instead

	FULL NAME Penny (infaut	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
35	Male While Single, Marrier, WHOOWED, ORDINARCE (Write the word)	16 DATE OF DEATH To venue 3, 191.4 (Year)
6 D	ATE OF BIRTH Lavenber 3, 1914 (Month) (Day (Year)	Premature, 1691 to see 191, 191, that I last saw h
7 A	(and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows: Prematice birth at 4 th kealth
(b) bus) Trade, protession, or ricular kind of work	(Duration) yrs
9 B	(State or country) Sorrey	Secondary (Burstlan)
TS	10 NAME OF Eugene a. Perry 11 BIRTHPLACE	(Signed) R. R. Earekson, M. D. hor. 3, 1914 (Address) Elkridge, M.
OF FATHER (State or country) France Was a state of country of the state of the sta		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
۵.	13 BIRTHPLACE OF MOTHER (State or country) Flance	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace in the ot death yrs, mos ds
	(Informant) Eugenie a. Penny	Where was disease contracted, It not at place of death? Former or usual residence
16	(Address) Dozder	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Privale ground have 3 1914.
FII	ed har. 3 1914 /t. 19. Caral Registran	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



	PERSONAL AND STATISTICAL PARTICULARS	M
3 SEX	usle 4 COLOR OR RACE SINGLE, MARRIED, Dufaul - WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEA
DATI	OF BIRTH	17 1
	(Month) (Day (Year)	that I last saw h.
7 AGE	if LESS than 1 day, Ars. yrs	and that death of
(b) Ge busines which	nde, profession, or clar kind of work neral nature of industry, s, or establishment in employed (or employer) HPLACE tate or country) HOUSE	Gontributory Secondary
	NAME OF Frank Ridgley	(Signed)
EN_	PMAIDEN NAME 20 7 6 8	*State the D CAUSES, state TAL, SUICIDAL,
<u>a</u>	BERTHPLACE	18 LENGTH OF R

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 19

St.;Ward)	[If death occurred in a hospital or institution,
	give its NAME instead

28

ADDRESS

1014

MEDICAL CERTIFICATE OF DEATH

now

ATE OF DEATH

	*********************	(Month)	(Day	(Year)
17	I HEREBY	CERTIFY, That	I attended	deceased from
******************		, to	*****************	, 191,
	saw h allv			
	eath occurred on			m ,
Į.	E OF DEATH* v	Bix	min	
	oed		0~000000000000000000000000000000000000	*******************************
************************	·····	(Duration)	yrs	mosds.
Contrib	outory Luc	witin	·	***************************************
Second		(Buration)	upa	28 his
(Signed)	In July	woork	L	usus.
2105 3	6 ,191 4 (Ad	dress). Wee	Hnu	Is Life
*State CAUSES, TAL, SUI	the DISEASE CAU state (1) MEANS CIDAL, OF HOMICI	JSING DEATH, OS OF INJURY; a	or, In deaths and (2) wh	from VIOLENT ether Acciden-
At place of death Where was a	H OF RESIDENCE ENT RESIDENTS) yrs mos disease contracted, ce of death?	ds. In the	yrs,	mos ds
Former or	nce			
19 PLACE	of BURIAL OR	REMOVAL	DATE OF	28 191 6

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: been changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeeper's mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death all always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichaeample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probabily LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia affection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (secondary), 10 ds. State cause for Never report For vio-



RECORD PERMANENT UNFADING pla Instruct 2 I DEAT OF Every Item CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... lif death occurred in St: Ward) a hospital or institution, give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED. (Month) (Dax (Year) ORDIVORCED (Write the word) fuel I HEREBY CERTIFY, That I attended deceased from (Month) (Dav 7 AGE If LESS than and that death occurred on the date stated above, at 4. A. 1 dayhrs. The CAUSE OF DEATH* OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 1D NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) of death yrs. mos. ds. State yrs, mos. ... Where was disease contracted. If not at place of death?. Former or (Informant) usual residence 15 20 UNDERTAKER ADDRESS REGISTRAR

address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) It should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The questlon tion is very important, so that the relative healthfulbeen changed or given up on account of the disease material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligwhich surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." schsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify us "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



N. B.

PLACE OF DEATH 1659	STATE OF MARYLAND
County Louisian Description	CERTIFICATE OF DEATH Registration Dist. No. 193
Village or City Fluence (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) 5 DATE OF BIRTH (Month) 7 AGE 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) 7 AGE 1 (Month) 1 (Day) 1 (Year) 1 day, hrs.	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1919, to 1919, that I last saw has alive on Man 19 1919 and that death occurred on the date stated above, at 1919,
GOCCUPATION (a) Trade, profession, or Newsor, particular kind of work (b) General nature of Industry, business, or establishment In which employed (or employer) BIRTHPLACE (State or country) Abounce lev Re & C	The CAUSE OF DEATH* was as follows: Description of the Control of
11 BIRTHPLACE OF FATHER (State or country) for once (00-711 de 12 MAIDEN NAME OF MOTHER (State or country) for once (00-711 de 13 BIRTHPLACE OF MOTHER (State or country) formal remains	(Signed)
(Address) Conhariled In d. (Address) Land Anold San De Sa	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Language Contracted, 10 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS Removed ADDRESS
If more blanks are no lied address State Registra	r, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative wealthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (%)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Putereral septicharmus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenla," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic her" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-"Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or Intercurrent) (name origin; "Can State cause for Examples:



state Very

YSICIANS should

of

3 SEX

TAGE .

BOCCUPATION (a) Trade, protession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country 12 MAIDEN NAME OF MOTHER.

13 BIRTHPLACE OF MOTHER (State or country)

(Intormant)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW

(b) General nature of Industry, business, or establishment in which employed (or employer)

properly classified. Exact statement

may be

that it

certificate.

50

See instructions on back

DEATH in plain terms,

Every Item CAUSE OF

Important.

PARENTS

1 PLACE OF DEATH 2FULL NAME..... PERSONAL AND STATISTICAL PARTICUL 4 COLOR OR RACE 5 SINGLE, WIDOWED, C Write the W DATE OF BIRTH

(Month)

(Day

STATE OF MARYLAND 11660 CERTIFICATE OF DEATH

Registration Dist. No

St.;---Ward)

[If death occurred is a hospital or institutioe. give Its NAME Instead

	MEDICAL CERTIFICATE OF DEATH
rul	16 DATE OF DEATH NOV NO , 191-
40/\	17 I HEREBY CERTIFY, That I attended deceased fro
1914 (Year)	that I last saw h. La alive on 100 / 5 , 1915
f LESS than	and that death occurred on the date stated above, at A 15 40
day, hrs.	The CAUSE OF DEATH* was as follows:
***************************************	Prematerse besth
************	(Ouration)mos
	Contributory Secondary (Duration) / yrs mos
as	(Signed) James & Offrachie M. M. World 191 4 (Address) Gylervelle
)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, OF HOMICIDAL.
erg	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENT OF RECENT RESIDENTS) At place In the of death yrs, mos, ds. Slate yrs, mos.
GE	Where was disease contracted, If not at place of death?
	usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	On home premised 11-17 191

are needed, addr



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulessary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection necd not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," The contributory tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) For vio-



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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

PLACE OF DEATH County Howard	11661	
Village or City Lleuwood	(No.	(15)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 193.

St.;----Ward)

[If death occurred in a hospite; or iostitution, give its NAME instead of street and number]

OATE OF BIRTH OATE OATE OF OATE OATE OATE OATE OATE OATE OATE OATE	FULL NAME	Harfield of street and nomber.]
DATE OF BIRTH DATE OF BIRTH MINDER MONTH (Write the word) TAGE AGE MONTH (Day (Year) (Month) (Day (Year) MY 29 1914 to 70 30, 1914 that I last saw h.m. allycon 70 1918 and that death occurred on the date stated shove, st 100 profession, or particular kind of work. (8) Trade, profession, or particular kind of work. (9) General nature of Industry, business, or establishment in which employed (or employer) Pather Charles A. Marfield OF FATHER Charles A. Marfield 10 NAME OF FATHER Charles A. Marfield 11 BIRTHPLACE OF FATHER COUNTRY) ATTWARD DEATH, or, in deaths from VIOLEN CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state the DISEASE CAUSING DEATH, or, in	PERSONAL AND STATISTICAL PARTICULARS	
**State the Disease Causing Death, or, in the deaths from Violen (State or country) Armand Co Made (State or	MARRIED, Single.	
and that death occurred on the date stated shove, st lace P or the date stated shove, st lace State stated shove.	a DATE OF BIRTH Simolay, Nov 39" 1914	nor, 24, 1914, 10 nor30, 1914.
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Howard less mad 10 NAME OF FATHER Charles A. Warfield 11 BIRTHPLACE OF FATHER OF COUNTRY) Howard less made in the continuous state of country Howard less made in the continuous state of country Howard less made in the continuous state of country Howard less made in the continuous state of country Howard less made in the continuous state of mospitals, institutions, Transients of Recent Residents) 10 NAME OF FATHER Charles A. Warfield 11 BIRTHPLACE OF MOTHER Howard Co Yud 12 MAIDEN NAME OF MOTHER Howard Co Yud 13 BIRTHPLACE OF MOTHER Howard Co Recent Residents) 14 BIRTHPLACE OF MOTHER Howard Con Recent Residents 15 Length of Residence (For Hospitals, Institutions, Transients of Recent Residents) 16 In the	7 AGE If LESS then 1 day, 2 phrs.	The CAUSE OF DEATH* was se follows:
11 BIRTHPLACE OF FATHER (State or country) Hornard Coo Med 2 Maiden Name OF MOTHER Harriet Managere 13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER 14 Miles Managere 15 BIRTHPLACE OF MOTHER 16 BIRTHPLACE OF MOTHER 17 BIRTHPLACE OF MOTHER 18 BIRTHPLACE OF MOTHER 19 BIRTHPLACE OF MOTHER 18 BIRTHPLACE OF MOTHER 19 BIRTHPLACE OF MOTHER 19 BIRTHPLACE OF MOTHER 10 BIRTHPLACE OF MOTHER 18 BIRTHPLACE OF MOTHER 19 BIRTHPLACE OF MOTHER 19 BIRTHPLACE OF MOTHER 10 BIRTHPLACE OF MOTHER 11 BIRTHPLACE OF MOTHER 12 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 14 BIRTHPLACE OF MOTHER 16 BIRTHPLACE OF MOTHER 17 BIRTHPLACE OF MOTHER 18 BIRTHPLACE OF MOTHER 19 BIRTHPLACE OF MOTHER 19 BIRTHPLACE OF MOTHER 10 BI	(e) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employer)	Cardiae Exhausturo (Buration) rs mos ds. Contributory Premalure
13 BIRTHPLACE OF MOTHER A I I I I I I I I I I I I I I I I I I	OF TATHER Charles A. Warfield 11 BIRTHPLACE OF FATHER (State or country) Hornard Co Yud	(Signed) Acuic B. Spreeches, M. D. State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether Account
(Informant) Charles of Transfield Where wes disease contracted, If not at piece of deeth? Former or usuel residence	13 BIRTHPLACE OF MOTHER (State or country) Howard leo a mode	At place In the of deeth yrs. mos. ds. State yrs. mos. de Where wes disease contracted, If not at place of deeth?
(Address) Slewwood, Howard les Ma 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	Flied how. 30, 1914 J. W. Sim. REGISTRAN	19 PLACE OF BURIAL OR REMOVAL Mc Kendry Cemetry 9us. 30., 1914 20 UNDERTAKER Howard Go. may Address Chas. A Warfield (autury) Glynnond Com.

[Approved by U. S. Census and American Public Health Association.]

Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid meumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of cause. Always qualify all diseases resulting from thenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (Recommendations on statement of (secondary or intercurrent) For vio-



Y. S. No. 1.

15

WRITE FLAINLY, WITH UNFADING INR—IMIS IS A PERMANENT RECORD N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	RECORD	PHYSICIANS should state
	WRITE PLAINLY, WITH UNFADING INA-INIS IS A PERMANENT	. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

rear Glenwood Med (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 193 [If death occurred in a hospital or institution,
² FULL NAME	Warfield give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Phili 5 single, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
** DATE OF BIRTH NOV 29 ", 1914 (Month) (Day) (Year)	that I last saw h alive on 191, 191
TAGE Stell born 1 day,hrs. 78 mos. ds. or min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	
9 BIRTHPLACE (State or country) Howard by Hud	(Secondary) (Deration) yrs
11 BIRTHPLACE OF MOTHER STANGET PROSPECTION 12 MAIDEN NAME OF MOTHER STANGET PROSPECTION 13 BIRTHPLACE OF MOTHER (State or country) Staward Cos Tud	(Signed) Name D. Jackson, M. D. No. 2 9", 191 4" (Address) Aghtervalle Medy *State the Disease Causing Death of, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place in the of death yrs, mos, ds. Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of fillbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged-in the Never return "Laborer," If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In always the same accepted time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pureperal septichacetc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can State cause for Examples:



BINDING RESERVED MARGIN

V. S. No. 1.

N. B

PERMANENT stated EXACTLY. UNFADING INK-THIS IS PLAINLY, WITH

PHYSICIANS should of OCCUPATION IS RECORD Exact statement

Very

CAUSE OF Important.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 3 5	4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6VD/	(Month) (Day (Year)	that I last saw ham alive on home last saw haw alive saw had had been last saw had
7 AC	If LESS than 1 day, Q. hrs. O yrs O mos O ds. OR O min.?	and that death occurred on the date stated above, at 2 0 m, The CAUSE OF DEATH* was as follows:
(a)	CCUPATION ITrade, profession, or floular kind of work	- Same Such Min
busi	Oeneral nature of Industry, iness, or establishment in ch employed (or employer)	(Duration) yrs mos ds.
9 BI	RTHPLACE (State or country)	Contributory Secondary (Ouration) yrs mos ds.
	10 NAME OF Milliam E. Mison	(Signed) Military, M. D.
ENTS	of FATHER (State or country) Mashington S.C.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accuracy
PAR	12 MAIDEN NAME MAIgnirhi Linthiain	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
	Informant) 2 Wish	Where was disease contracted, If not at place of death?
	(Address). Land Wi-	19 PLACE OF BURIAL OR PEMOVALUE DATE OF BURIAL
16 File	ed Novo 194 Cofasta Tumbles of My	20 UNDERTAKER ADDRESS LAWY

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. ctc., when a defiuite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report

